

Revised Draft OASIS –B1 (12/2002) Data Set

The Centers for Medicare & Medicaid Services (CMS) is advising home health agencies (HHAs) of the changes to the OASIS data set being proposed by CMS. The proposed changes are part of the Department of Health and Human Services' (HHS) department-wide initiative to reduce regulatory burdens in health care and to address the concerns of health care providers, state and local governments and individual Americans who are affected by HHS rules.

OASIS is the set of data items HHAs now collect at defined times during the course of a patient's care, i.e., start of care (SOC), recertification, transfer to an inpatient facility, resumption of care (ROC) after discharge from an inpatient facility, death, and discharge. Proposed changes to OASIS are currently in the clearance process within CMS and will not be implemented until approved by the Office of Management and Budget. We expect to implement the proposed changes with a revision to the OASIS state system on December 16, 2002. We are advising you of the changes at this time so you and your staff can plan accordingly and prepare for this implementation. We are planning a satellite training session for the state agencies and providers on November 22, 2002, to assist them with understanding the proposed changes and answering any of their questions. We are also planning a software vendor teleconference on August 28 to assist software vendors with understanding the proposed changes.

Proposed Changes to the OASIS Data Set:

1. Deletions

The following items will be deleted from the OASIS instrument for all time points:

M0160	Financial Factors
M0310	Structural Barriers
M0320	Safety Hazards
M0330	Sanitation Hazards
M0600	Patient Behaviors

2. New OASIS Item

There will be one new OASIS item added to the OASIS data set to facilitate compliance with the Health Insurance Portability and Accountability Act (HIPAA). This item will be identified as item M0245 and will be activated in October 2003. The new M0245 will allow HHAs to use V-codes at the existing M0230/M0240 items as part of the assignment of the appropriate diagnosis code using the ICD-9-CM coding process.

3. Patient Tracking Sheet

The following items will be removed from the OASIS instrument and placed on a Patient Tracking Sheet. These items will be collected and submitted at the start of care assessment and only updated when the appropriate response to an item changes. This tracking sheet will be a part of the patient's clinical record.

Patient Tracking Sheet – Complete at SOC. Update only as necessary.

M0010	Medicare Provider Number
M0012	Medicaid Provider Number
M0014	Branch State
M0016	Branch ID number
M0020	Patient ID
M0030	SOC date
M0032	ROC date
M0040	Patient Name
M0050	Patient State of Residence
M0060	Patient Zip Code
M0063	Medicare Number
M0064	Social Security Number
M0065	Medicaid Number
M0066	Birth date
M0069	Gender
M0072	Primary Referring Physician ID
M0140	Race
M0150	Current Payment Source

4. Assessments Deleted

The following 2 assessments will no longer be required to be submitted to the state agency:

RFA 2	Start of care with no further visits planned
RFA 10	Discharge – no further visits after the start of care

5. Revised OASIS

The revised OASIS data set includes all current OASIS B-1 items minus the items on the Tracking Sheet and the items that have been deleted (see attached chart).

6. Reduced OASIS Collection at Recertification/Follow-up

The OASIS data set used at Reason for Assessment (RFA) 4 and RFA 5, i.e., follow-up and other follow-up, has been substantially reduced. For RFA 4 or 5 assessments conducted on or after December 16, 2002, HHAs will be required to collect only those 23 items currently used to generate a payment group for a patient's subsequent episode of care plus the discipline of the person completing the assessment (M0080), the date the assessment was completed (M0090), and the reason for assessment (M0100).

7. Language to be Added

As a result of the changes proposed to the OASIS data set, it is necessary to add some new language to appropriately direct clinicians through certain skip patterns in order to complete all the necessary items on the revised assessments. The following language will be added to the revised OASIS data set:

M0460	“Skip this item if patient has no pressure ulcers”
M0476	“Skip this item if patient has no stasis ulcers”
M0488	“Skip this item if patient has no surgical wounds”
M0530	“Skip this item if patient has no urinary incontinence or urinary catheter presence”

OASIS B-1 (12/2002)

CMS has developed a new version of the OASIS data set that agencies can incorporate into their comprehensive assessment. This new version of the data set will be known as OASIS-B1 (12/2002). For OASIS reporting purposes, OASIS-B1 (12/2002) will be incorporated into an updated version of HAVEN in December 2002. HAVEN 6.0 will be available at that time to all registered users effective December 16, 2002. We will also upgrade the OASIS state systems by December 16, 2002. HHAs using private vendor software should contact their vendor to determine their procedure for using the modified OASIS data set, i.e., OASIS-B1 (12/2002).

HHAs have the option of either modifying their existing assessment forms to include only the reduced OASIS instrument (plus all other agency-determined components of the follow-up comprehensive assessment) or of retaining their current assessment forms. This change applies only to the specific OASIS items required to be collected, encoded, and submitted. Use of a new reduced OASIS assessment form is completely optional. Once the reduced OASIS is implemented, if an agency continues to encode and submit the entire OASIS for the time points that do not require the entire OASIS, the extra items (that are not on the reduced form) will be ignored and will not be stored in the state database. No errors or warnings will occur. If vendor software is not updated before implementation on Dec 16, 2002, then no HHA submission problems will result.

Please note that the new reduced OASIS-B1 (12/2002) applies only to OASIS completed on Dec 16, 2002 and later.

In order to facilitate transition to the streamlined OASIS collection requirements, CMS is scheduling a software vendor conference on August 28, 2002. Agencies should advise their software vendors of this upcoming event. We will post the details for this conference on our web site at www.cms.hhs.gov/oasis/hhnew.asp when the conference plans are finalized. We will also post the OASIS B-1 (12/2002) data set and revised data specifications on the OASIS web site this summer. Please note that CMS is migrating the “hcfa.gov” web site to the new “cms.hhs.gov” website. The new “What’s New” page for OASIS is expected to be located at www.cms.hhs.gov/oasis/hhnew.asp.

HIPAA Compliance

Effective October 2003, OASIS will comply with the ICD-9-CM coding requirements as specified in HIPAA, which allows for the use of V-codes as part of the ICD-9-CM coding process. To prepare for HIPAA compliance, CMS will incorporate the new item, M0245 - payment diagnosis code, into the revised OASIS form. This item will be inactive to prevent use until October 2003 and will appear as a shaded item when the revised OASIS data set is posted on our web site. Therefore, HHAs will not be able to enter this item in HAVEN or transmit it until it is activated in October 2003. Once M0245 is operational, HHAs may enter V-codes in

M0230/M0240 and can, at their option, enter an additional ICD-9-CM code in M0245. V-codes and E-codes will be excluded from M0245. M0245 is intended to facilitate PPS payment operations after October 2003, when a V-code may be required as the primary diagnosis in place of certain diagnosis codes used to determine the PPS case mix group. Until that time, V-codes and E-codes will continue to be excluded from the OASIS. Additional coding items that will be affected by HIPAA compliance are OASIS items M0190, M0210, and M0230/240 that have new instructions that appear as a shaded item and will remain inactive until October 2003.

Summary of Revisions to OASIS Planned for 12/2002

Reason for Assessment (RFA)	Description	Items Required
RFA 1	SOC—further visits planned	Revised OASIS: (M0080-M0100; M0175 – M0300; M0340 – M0590; M0610 – M0825) + Tracking sheet: (M0010 – M0072; M0140-M0150) *New item M0245 to be effective 10/2003
RFA 2	Start of care with no further visits planned	RFA 2 not required after 12/16/2002
RFA 3	ROC after inpatient stay	Revised OASIS: (M0080-100; M0175 – M0300; M0340 – M0590; M0610 – M0825) *New item M0245 to be effective 10/2003
RFA 4	Recertification/Follow-up	M0080 -M0100 + 23 Payment items: (M0175; M0230 – M0250; M0390; M0420; M0440; M0450-M0460; M0476; M0488; M0490; M0530 – M0550; M0610; M0650 – M0700; M0825) *New item M0245 to be effective 10/2003
RFA 5	Other Follow-up	Same items as RFA 4
RFA 6	Transfer to inpatient facility – Patient not discharged	M0080–M0100; M0830–M0855; M0890–M0906
RFA 7	Transfer to inpatient facility – Patient discharged	Same items as RFA 6
RFA 8	Death at home	M0080–M0100; M0906
RFA 9	Discharged from agency	M0080–M0100; M0200–M0220; M0250; M0280–M0300; M0340–M0380; M0410–M0590; M0610–M0820; M0830–M0880; M0903–M0906
RFA 10	Discharge – no further visits after the start of care	RFA 10 not required after 12/16/2002